

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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3						
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49						
50						
TOTAL IND.	3		↓		↓	
TOTAL DEP.	78	↔		↔		↔
TOTAL CLAIMS	21	SEARCHED		SEARCHED		SEARCHED

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓		↓	
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS		SEARCHED		SEARCHED		SEARCHED

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS